

## Rights and Responsibilities

### Child Support Enforcement (CSE) 1-877-631-9973

#### Eligibility Requirements

As a condition of eligibility, ADC, Foster Care and Child Care Subsidy recipients are required to receive CSE services and do not have the option to refuse any of these services. The CSE office will mail you a document that outlines your Rights and Responsibilities as they apply to the Nebraska CSE Program.

Medicaid recipients are required to receive CSE services related to securing medical support, including the establishment of paternity when appropriate. Medicaid recipients do have the option of refusing other CSE services but the Medicaid recipient must notify CSE that they are requesting only IV-D services that relate to securing medical support.

#### Benefits of Child Support Services

Your cooperation with the Child Support Enforcement (CSE) Unit may be of value to you and your child because it could result in the following benefits:

- Establishing your child's paternity;
- Establishing / Enforcing and collecting child and/or medical support judgments; and
- You and your child may qualify for future Social Security, veterans, other government benefits, or medical coverage.

#### What is Cooperation?

Cooperation includes any actions relevant to, or necessary for, the achievement of child support enforcement objectives. You are required to cooperate with Child Support Enforcement, unless good cause (see below) has been determined for not cooperating. You are required to cooperate with CSE in obtaining the following: **ADC recipients** are required to cooperate with Child Support Enforcement in achieving the following objectives:

1. Identification and location of the parent(s)/alleged father of a child who receives ADC grant payments;
2. Establishment of paternity;
3. Establishment / Enforcement of a support order;
4. Modification of a support order; and
5. Collection and distribution of support payments.

**Medicaid recipients** referred for child support services are required to cooperate with Child Support Enforcement in achieving the following objectives:

1. Identification and location of the parent(s)/alleged father of a child who receives medical assistance benefits;
2. Establishment of paternity;

3. Establishment / Enforcement of medical support; and
4. Collection and distribution of medical support.

**Child Care Subsidy recipients** referred for child support services are required to cooperate with Child Support Enforcement in achieving the following objectives:

1. Identification and location of the parent(s) or alleged father of a child who receives child care subsidy benefits;
2. Establishment of paternity;
3. Establishment / Enforcement of a support order;
4. Modification of a support order; and
5. Collection and distribution of support payments.

### **Good Cause Circumstances**

You should contact your Child Support Enforcement worker immediately if at any time you believe that cooperation, or proceeding to establish or secure support is against the best interest of your child(ren), parent/needful caretaker relative, and/or guardian/conservator for whom support is sought. You will need to file a good cause claim in order to not cooperate with the child support requirements. The following are circumstances under which you may be exempt from the cooperation requirement:

- Cooperation is anticipated to result in serious physical or emotional harm to you or the child;
- The child was born as a result of forcible rape or incest;
- Court proceedings are pending for adoption of the child; or
- You are working with an agency helping you to decide whether to place the child for adoption.

### **Proving Good Cause**

It is your responsibility to:

- Provide evidence needed to determine whether you should be exempt from the cooperation requirement.
- Give the necessary evidence to the agency within 20 days after claiming good cause.

The Child Support office may:

- Determine your claim based on the evidence which you give to the agency; or
- Decide to conduct an investigation to further verify your claim. If it is decided an investigation is needed, you may be required to give information, such as the non-custodial party's name and address, to help the investigation.
- If it is necessary to contact the non-custodial parent as part of the investigation, the worker will inform the custodial party that such contact will be attempted.

**If You Do Not Cooperate and You Do Not Have Good Cause:** You risk the penalties of:

- 25% reduction of your ADC grant, and
- No medical assistance for yourself
- Loss of child care subsidy benefits

### **Assignment of Support for ADC cases approved on or after October 1, 2009**

When ADC cash assistance is paid to an individual or family unit, the State has the right to receive and keep child/spousal/medical support payments due to any persons listed in the application for assistance. This process, known as an assignment, includes support that becomes due while an individual is receiving ADC cash assistance. Support collections will be paid according to State and Federal laws and rules. Any child/spousal/medical support

payments received directly by an ADC recipient in the same month as ADC cash assistance must be reported and returned to the State immediately.

### **Child Support Enforcement (CSE) Yearly Fee**

The payee of the support order will be charged a \$25.00 yearly fee once \$500 of support has been disbursed, unless the payee meets one of the exemptions below. When a minimum of \$500 has been disbursed, the next collection(s) will be retained by the Nebraska Department of Health and Human Services, and applied towards the \$25.00 fee.

Exception to being charged the fee:

- Previously have, or currently are receiving Aid to Dependent Children (ADC) and/or Temporary Assistance to Needy Families (TANF);
- CSE IV-D case(s) which include child(ren) who are currently and/or previously received IV-E foster care services; or
- Fee was assessed and collected in another state during current Federal Fiscal Year.
- I understand that it is my responsibility to notify the CSE office if my case qualifies as an exception as listed above.

### **Use of Social Security Numbers**

*Privacy Act of 1974 Notice*; Disclosure of your social security number, and the social security numbers of your child(ren), is required by federal law 42 U.S.C. 666 (a) (13). Child Support Enforcement will use these social security numbers only for the purpose of establishing and enforcing support.

### **Nebraska Low Income Home Energy Assistance Program (LIHEAP)**

In most instances the LIHEAP payment will be sent to the utility providers. When a household receives LIHEAP, they must agree to take full responsibility for paying heating bills if the assistance payment comes directly to the household. If there is an overdue bill or poor payment history, the Nebraska Department of Health and Human Services (DHHS) is authorized and may make payment directly to the provider on behalf of the household.

### **Aid to Dependent Children (ADC) and Child Care Penalty Warning**

Individuals who have knowingly provided false information in order to qualify for ADC or Child Care subsidy benefits may be subject to disqualification due to an Intentional Program Violation (IPV). For the ADC Program, only the individual found to have committed the IPV shall be disqualified. For the Child Care subsidy, the individual found to have committed the IPV and his/her family shall be disqualified. The period of disqualification shall be a) For a first violation, up to one year; b) For a second violation, up to two years; c) For a third violation, permanent disqualification. These penalties shall also be imposed if an individual is found by a court to have violated NEB. REV. STAT. § 68-1017.

**NOTICE:** If you receive your TANF (Temporary Assistance for Needy Families – ADC) benefits via an electronic benefit transfer/debit card (ReliaCard), please know that it is a violation of Federal law to access these funds from an ATM located at or via a point-of-sale purchase at the following types of businesses:

- Liquor stores;
- Casino, Gambling Casino or Gaming Establishment; or
- Any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

### **Supplemental Nutrition Assistance Program (SNAP) {formerly known as the Food Stamp Program} Penalty Warning**

The information provided on this application is subject to verification by federal, state and local officials. If any is found inaccurate, participation in SNAP may be reduced, terminated or denied.

Individuals who have knowingly provided false information may be subject to criminal prosecution. Any member of a household who breaks any of these rules on purpose may be barred from SNAP for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation. Additionally individuals may be fined up to \$250,000, imprisoned for up to 20 years, and subject to prosecution under other applicable federal laws. A court can also bar an individual from the program for an additional 18 months.

**DO NOT:**

- Give false, incorrect, or incomplete information to obtain or continue to obtain SNAP benefits.
- Trade or sell SNAP benefits or Electronic Benefits Transfer (EBT) cards.
- Use other people's SNAP benefits or EBT cards unless designated.
- Use SNAP benefits to buy nonfood items, such as alcohol, or cigarettes, or to pay on credit accounts.
- Use SNAP benefits to buy illegal drugs, firearms, ammunition, or explosives.
- Pay for food purchased on credit with SNAP benefits. Doing so could result in disqualification.

Individuals found guilty in federal, state, or local court of the following offenses will be disqualified from participating in the Supplemental Nutrition Assistance Program (SNAP):

- Use of SNAP benefits in the sale of a controlled substance, after September 22, 1996-disqualified for 24 months for the first violation, permanently for the second violation.
- Receipt of SNAP benefits in a transaction involving the sale of a controlled substance, after September 22, 1996-disqualified for 24 months for the first violation, permanently for the second violation.
- Drug felony for sale or distribution of a controlled substance including the intent to sell or distribute-permanently disqualified. An individual must have committed and had been convicted of the drug felony after August 22, 1996.
- Committed and been convicted of a drug felony for possession or use of a controlled substance or for a crime committed while under the influence of a controlled drug substance. If the individual has had three or more convictions for the possession or use, after September 22, 1996, the individual is permanently disqualified. If the individual has had fewer than three convictions and has not participated in or completed a state-licensed or nationally accredited substance abuse treatment program since the date of the last conviction, the individual is disqualified.
- Use of SNAP benefits to purchase firearms, ammunition, and explosives, after September 22, 1996--permanently disqualified. Receipt of SNAP benefits in a transaction involving the sale of firearms, ammunition, and explosives, after September 22, 1996-permanently disqualified. Misrepresenting residency or identity in order to receive multiple SNAP benefits-disqualified for 10 years. ☐ Trafficking of SNAP benefits of \$500 or more, after September 22, 1996-permanently disqualified.
- During the time an individual is fleeing to avoid prosecution, custody or confinement after conviction for a crime or attempt to commit a crime that is a felony under the law of the place from which the individual is fleeing, or is violating a condition of federal or state probation or parole, the individual is ineligible to participate in SNAP.

**Child Care Subsidy Program**

The purpose of the Child Care Subsidy Program is to assist low income families with child care. Care can be provided:

1. To children age **12 and younger**; it is available to youth age **13 through 18 only if a physician, licensed or certified psychologist, or licensed mental health practitioner has provided a written statement that the child has a special need**;
2. Only when there is a need for child care as defined in 392 NAC 3-008, which includes:

1. **Employment** that has the potential to allow a family to become economically self-sufficient - this means we may not be able to continue to authorize child care if after a few months, the cost of child care is more than you earn. Child care is only authorized for those hours when the parent is actually working and reasonable travel time to and from work and child care;
2. **Actively Seeking Employment** - for families that are not Employment First clients, child care can only be authorized for two consecutive calendar months per program year (July 1- June 30). No further child care can be authorized to look for work until that client has lost a job and is again seeking employment. DHHS may ask the parent to provide a record of the dates and places that they looked for work;
3. **Participation in an approved Employment First Activity** - Child care may be authorized for any approved EF activity. This means either the DHHS worker or the case manager from the EF contractor has approved the activity;
4. **For a parent to obtain medical services** (such as doctor visits, Health Check, etc.) for themselves or another of their children or to visit their child in the hospital;
5. **Enrollment in and regular attendance at vocational or educational training to attain a high school diploma or GED or an undergraduate degree or certificate** (including English as a second language classes) that will result in a parent becoming employed and self-sufficient. Child care is not allowed for those pursuing a second undergraduate degree or any post-graduate degrees. Child care is not authorized for correspondence courses or independent study. For on-line classes, it can be authorized for one hour per week for each credit hour. Child care can be authorized for structured individual tutoring or group preparation time (such as GED preparation, ESL, and Adult Basic Education). Child care is not allowed for study time (unless it is a reasonable period of time between classes).
6. **Participation in on the job training;**
7. **Incapacitation as verified by a medical doctor** - a specific form will be given by DHHS to document need for child care due to incapacity; and
8. **Needs which might be authorized by a Protection and Safety worker** as part of a plan with a family.

#### Important Information:

- **Child care authorization cannot begin before the date the parent reports a need for child care or a change to DHHS.** Example: If you start care today or change your child care provider today and do not report it to DHHS for two weeks, child care will not be authorized for the two weeks before you contact DHHS
- **The parent is responsible to report the need for child care and any changes** - It is not the responsibility of the child care provider. For two parent households, **both parents must have one of the needs** for child care listed previously for child care to be authorized.
- Some families are required to pay a part of their child care expense. This is called a fee or obligation. **This fee must be paid** or the child care case will be closed until the parent has made a satisfactory arrangement with the provider for payment of the fee.
- Child care in the child's home is called "In-Home Child Care" and can only be paid if the child has a special need (which must be documented by a medical doctor) OR a childhood illness OR if child care is needed during evening (after 6 PM or before 5 AM), overnight, weekend, or holidays hours if there are no other available child care arrangements OR if there are three or more children in care. The In-Home provider may be an individual (other than the parent) who lives with the child only if the child has a special need or a childhood illness.

Let DHHS know if the non-custodial parent is court ordered or pays for any of the child care costs.

**Child care can only be used for the purpose authorized.** If you use child care for another purpose, you may be required to repay DHHS for the unauthorized child care.

The parent who is requesting Child Care Subsidy must cooperate in establishing and collecting child support if there is a noncustodial parent. This applies only for a child who is receiving Child Care Subsidy. This requirement may be waived in the case of domestic violence.

### **Work Registration**

For SNAP, the signature of the head of household, other adult in the household or an authorized representative on this application constitutes registering for work of all non-exempt household members.

### **Authorization for Release of Information**

I authorize the release of information requested by the DHHS. The requested information will be used solely in the administration of public assistance programs and will not be released to any other person or agency outside of the DHHS except that I understand the DHHS may release information to another agency when services of that agency have been requested or when the objective in obtaining the information is to provide services to me or to any member of the assistance unit.

### **YOU HAVE THE RIGHT TO:**

- Apply and discuss any action taken on your application or case with DHHS.
- Be assisted in the application process by the person of your choice.
- Referral to other private or public agencies.
- See a copy of the program regulations.
- Have an interview in your home, at a mutually agreed upon location, or by telephone.
- Have your application processed in accordance with SNAP procedures including within 7 days of the application received date for expedited benefits and 30 days of the application received date for regular benefits.
- Adequate notice of any action affecting your application or case.
- Have program requirements and benefits fully explained.
- Receive medical assistance (Medicaid) without a separate application if you are eligible for Aid to Dependent Children (ADC), OR Aid to the Aged Blind and Disabled (AABD).
- Not have your SNAP benefits denied solely because it has been denied benefits for other programs.
- Have your information treated confidentially.

### **YOU HAVE THE RESPONSIBILITY TO:**

- Provide complete and accurate information. You may be subject to criminal penalties under applicable state or federal laws if you do not provide complete and accurate information. You are primarily responsible for providing proof of your household situation, but your worker will assist you in obtaining verification if you cooperate with the application process.
- Apply for and accept any potential benefits or income you may be eligible for if you are requested to do so by DHHS.
- Pay a co-pay for certain medical services if required to do so.
- Pay a fee to your child care provider if required to do so based on your income.
- Cooperate with state and federal personnel in a Quality Control review.
- Cooperate with Nebraska Managed Care Program for certain Medicaid recipients.
- Cooperate with Nebraska Child Support Enforcement
- Ask questions if you do not understand something about any program requirements.

### **FAIR HEARINGS**

If you disagree with any action taken by the Nebraska Department of Health and Human Services (DHHS) which affects your benefits, you may request a fair hearing in writing or orally. Your case may be presented by a household member

or a representative, such as a legal counsel, a relative, a friend or other spokesperson. You may continue to receive your current level of assistance until a hearing decision is made IF (1) you request a hearing within ten days from the date of the agency notice, and (2) for SNAP benefits only, your certification period has not expired. A fair hearing request must be made within 90 days of the action or inaction. You or your representative have the right to examine your case record. At the hearing you may represent yourself or be represented by another person.

### **CIVIL RIGHTS**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TTD). USDA is an equal opportunity provider and employer.

### **VOTER REGISTRATION**

Please note that the information and office to which application was made will remain confidential and be used only for voter registration purposes. Applying to register or declining to register to vote will not affect the amount of assistance or services that you will be provided by this agency. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the: Nebraska Secretary of State State Capitol Building Lincoln, Nebraska 68509-4608 Telephone: (402) 471-2554

### **REPORTING CHANGES FOR AABD, ADC, AND MEDICAID**

(This includes Kids Connection and Children's Medical) Report **all** changes within ten days to DHHS such as:

- Changes in the household, someone moves in or out
- If you move
- New employment
- Termination or change of employment - including job training or other work activities
- Change in the amount of monthly income
- Changes in disability or incapacity
- A change in health insurance
- A change in a resource (not required for Kids Connection or Children's Medical)

### **REPORTING CHANGES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) {formerly known as the Food Stamp Program} BENEFITS**

There are three reporting categories in the SNAP Program: Change Reporting (CR), Simplified Reporting (SR), and Transitional Benefits Reporting (TBR). The reporting category to which you will be assigned is determined by your household situation. You will be informed of the reporting category, certification period and reporting requirements on your Notice of Eligibility. If your SNAP benefit reporting category changes during the certification period, you will receive another notice with the reporting requirements for the new category. If you have any questions, or need help in understanding your notice or reporting category, contact DHHS [or go online and select Change Reporting at ACCESSNebraska.ne.gov](https://ACCESSNebraska.ne.gov).

### **ELECTRONIC BENEFITS TRANSFER (EBT) CARD**

SNAP benefits are issued on an Electronic Benefits Transfer (EBT) card. If you have lost or misplaced your EBT card, please call 1-877-247-6328 to request a replacement card.

### **SOCIAL SECURITY NUMBER / CITIZENSHIP**

The DHHS asks for Social Security Numbers (SSNs) of all individuals for whom assistance is requested as required by the federal Social Security and Food Stamp Acts. Individuals who are not applying for assistance for themselves are not required to have or provide an SSN. If the individual is financially responsible for others in the assistance unit, the SSN

will be used to verify income and/or resources through computer matches as listed below or other contacts so that eligibility can be determined for those requesting assistance. If the SSN is not provided, the assistance unit must assume responsibility for providing the information needed to determine eligibility for the individuals requesting assistance. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible participants. For SNAP benefits, SSNs may be disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a household has a SNAP benefit overpayment, the information on this application, including the SSNs, may be referred to federal and state agencies as well as private collection agencies for overpayment collection action. The SSN of each person in the assistance unit who provides his/her SSN will be computer matched with the following programs to assist in the determination of eligibility: Vital Statistics, Unemployment Compensation, Employment, Child Support, Resources, Income, Social Security Benefits (RSDI), Supplemental Security Income (SSI), and Veterans' Benefits.

These services will be verified by information received from the following agencies: Department of Health and Human Services, Nebraska Department of Labor, Social Security Administration, Clerk of the District Court, Child Support Payment Center, Internal Revenue Service, and Veterans' Administration.

The information received from these agencies is used and verified and could affect the kind and amount of assistance individuals receive. SSNs are also used in computer matching and program reviews or audits to make sure each household gets the correct amount of benefits. This may result in criminal or civil action or administrative claims against persons fraudulently participating. Child Care Assistance, Social Services for the Aged and Disabled (SSAD) and Social Services for Children and Families (SSCF): An SSN is not required to apply for these programs and eligibility will not be denied if SSNs are not provided. If an SSN is provided, it will be used to assemble research data sets that do not identify individuals and to verify income.

If you are applying for SNAP benefits, Medicaid, or Child Care Assistance, this application asks you to tell us about the citizenship and immigration status of people in your household. For Child Care Assistance, you must tell us about the citizenship or immigration status for the children who will receive assistance. This application also asks you to give us Social Security Numbers (SSNs) for everyone in the household. We use SSNs to help us verify information such as income. If anyone in your household doesn't have an SSN, we can help them apply for one and your application will not be delayed. Only those people who provide information regarding their immigration status and SSNs can receive SNAP benefits and/or Medicaid. If some family or household members do not wish to apply for SNAP benefits or Medicaid, they do not need to provide this information. If people in your household choose not to give us information about their immigration status or SSN, they must still provide us the information needed to determine the eligibility of the other persons in your household. You may withdraw your request for benefits for these persons or you may withdraw your entire application.

**MEDICAID Third Party Liability:** Individuals who receive Medical Assistance (Medicaid) assign to the Department of Health and Human Services (DHHS) their right to any medical support or other payment for medical care, agree to cooperate with the DHHS in establishing paternity, and cooperate with the DHHS in obtaining any available third party such as an insurance payment or court settlement. Medicare benefits are not assigned. Individuals must cooperate with the DHHS in obtaining reimbursement for the cost of medical care and services for any members of the assistance unit. Refusal to cooperate will result in the termination of medical assistance eligibility for that individual. The DHHS will waive the requirement to cooperate if it determines that the individual has good cause for refusing to cooperate. If at any time you want to claim good cause, you must tell DHHS that you think you have good cause. Good cause is a finding by the DHHS that cooperation is against the best interests of the child or against the best interests of the individual because it is anticipated that cooperation will result in reprisal against, and cause physical or emotional harm, to the individual or other person. **NEBRASKA REVISED STATUTES §§ 68-716, 68-916, and 68-917.**

**Medical Records Release:** Upon request, any person who has medical records and information or the custody of such records regarding Medicaid recipients must release them to the DHHS. This information will be used as provided in the Notice of Information Privacy Practices.



**Medical Reimbursement Agreement:** When the DHHS pays for services for a Medicaid recipient, the amount the DHHS has paid to treat the injury or illness must be included in any legal claim made against a third party. If the Medicaid recipient later receives an insurance or court settlement, the DHHS must be notified of the settlement and repaid from the settlement for the medical assistance the DHHS has previously paid.

Medicaid:

- Present proof of your current Medicaid eligibility to medical providers before obtaining services.
- Ask your medical provider or DHHS about which services are covered.
- Inform DHHS and your medical providers of any health insurance coverage you have (including dental coverage.)
- Agree to enroll in employer-based group health insurance if the DHHS determines it is cost effective.
- Agree to comply with managed care requirements.
- Pay the cost of all non-covered medical expenses.
- If you get any bills or statements from providers or collection agencies, you are responsible to tell them right away your coverage is Nebraska Medicaid.

Failure to follow certain conditions may result in your being responsible to pay the bills.

**Annuity Requirement** As a condition of receiving medical assistance coverage for long term care services for you or your spouse, the DHHS must become the remainder beneficiary of any annuity under standards prescribed by the U.S. Secretary of Health and Human Services.

**Medicaid Estate Recovery Program:** Under Federal law (Social Security Act, Title 19, Sec. 1917 {42 U.S.C. 1396P}) and State law (Nebraska Rev.Stat. 68-919), the Medicaid Estate Recovery Program authorizes the DHHS to make recovery from the estates of deceased Medicaid clients who were permanently institutionalized or were over the age of 55 when benefits were provided. The Federal and State laws provide for certain exemptions to the Medical Assistance Estate Recover Program (471 NAC 38-000). For further information or questions about the Medicaid Estate Recovery Programs, you should contact DHHS and request the "Medicaid Estate Recovery" program brochure.

#### **WORK REQUIREMENTS Aid to Dependent Children (ADC)/Employment First (EF) Work Requirements**

If you receive ADC cash assistance, you must participate in approved work activities unless you qualify for an exemption. If you do not cooperate with the work requirements, your benefits may be reduced or ended. ADC recipients will be required to develop and sign an individualized Self-Sufficiency Contract that will identify the goals and list the steps necessary to become economically self-sufficient.

#### **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) {formerly known as the Food Stamp Program} BENEFITS Work Requirements**

If you receive SNAP benefits and reside in an area of the state served by the Employment and Training (E&T) program, you must participate in the program unless you qualify for an exemption. If you do not participate in the program and you are the Head of Household you will receive a Work Requirement disqualification and your household's SNAP benefits will be ended. If you do not participate in the program and you are not the Head of Household, you will receive a Work Requirement disqualification and your household's SNAP benefits will be reduced.

#### **VOICE RESPONSE UNIT (VRU) 1-800-383-4278**

The VRU is an automated answering service that will provide you with information regarding your application and/or benefits. This service is available to you 24 hours a day, 7 days per week accessed by the above toll free number.